A METHODOLIGICAL STUDY TO DEVELOP AND VALIDATE BURNOUT INVENTORY FOR NURSES WORKING AT SELECTED HOSPITALS OF JAMMU AND KASHMIR

SYNOPSIS

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CERTIFICATE

It is certified that the synopsis entitled "**A methodological study to develop and validate Burnout Inventory for nurses working at selected hospitals of Jammu and Kashmir**'' is the bonafide research work carried out by Mrs. Sheetal kumari, a Research Scholar of Ph.D. (Nursing), Desh Bhagat University, Mandi Gobindgarh, for partial fulfillment of the requirement for the award of the Degree of Doctor of Philosophy and that the synopsis has not being formed on the basis for the award previously of any degree, diploma, associate ship, fellowship or any other similar title.

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DECLARATION

I hereby affirm that the work presented in the synopsis entitled "**A methodological study to develop and validate Burnout Inventory for nurses working at selected hospitals of Jammu and Kashmir**" submitted for the Ph.D. Degree is exclusively my own original work and verified by Plagiarism. It does not contain any work for which a Degree has been awarded by any other University.

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Introduction:

Workplace competition has been identified as the primary source of workplace stress. Various studies reveal that mental health problem is a serious concern among workers. Every fifth member in working class people has been battling with the mental health problem at work. The mental health problems lead to a direct impact on worker productivity, resulting in absenteeism, weariness, and drop-in service quality.. During 1970's theories regarding mounting pressure and, as a consequence, labor stress began to emerge, particularly among health professionals such as doctors, nurses, and nursing technicians[2]. They developed the Maslach Burnout Inventory in 1982 intending to examine three primary components: depersonalization, personal fulfillment decline, and emotional depletion of the individual. The tiredness decreases the motivation of worker that reduces the power of performance. Burnout syndrome research has now acquired traction in several countries.

Burnout syndrome is defined as long-term exposure to work-related stress that is accompanied by poor working circumstances. The burnout syndrome results in decreased job satisfaction and performance[4, 5] among the health workers. As a result, it is classified as a multi-cause pathology since it is linked to prolonged exposure to stress, and has discovered characteristics associated with various stressors in the workplace. World Health Organization (WHO) defines mental health as a state of well-being in which an individual can do without sacrificing productivity[1]. This depicts that Stress is a mechanism that allows an individual to adopt any unforeseen scenario and prepares themselves to respond quickly and effectively[9].

Nursing is one of the most physically and emotionally tiring professions in the healthcare profession. Nurses are remaining to a variety of circumstances in the professional practices which cause physical and emotional weariness among the nurses. Nurses are expected to provide patient care with sympathy and respect in a high-stress setting with limited resources and excessive workload. Nurses need to indulge themselves in striking a balance between these competing variables in their work lives[7]. The Situations of patient observed by medical worker such as price recuperation or non-recovery, as well the less capacity in performing with complex

conditions, such as casualty, and other things that create a feeling of sadness and professional dissatisfaction[5]. Therefore, Burnout prevention in health professionals, particularly nurses, is critical for their physical and mental well-being[11]. In the long run, the disease's emotional responses might generate mental pressure that is difficult to overcome on its own[12, 13]. The burnout inventory has an impact on worker personality, worker performance, and worker productivity at the workplace.

The above statement indicates the need to assess burnout among nurses so that cost-effective and efficient care can be provided to the patient. This can be achieved by a specific tool that will assess the burnout among nurses working in the clinical areas and here the researcher took the interest in the development of burnout inventory specifically for the nurses working in the clinical areas.

Need and Significance of the Study:

The evaluation of Burnout has been debatable from the start. The Maslach Burnout Inventory which has become the gold standard of burnout research was employed in the majority of studies. The research studies and publications related to burnout mostly used maslach burnout inventory. The MBI contains three factors: emotional fatigue, depersonalization, and a lack of personal accomplishment. The MBI used in Human Services Survey (MBI- HSS) [16] was later utilized for educators survey (MBI-Educators Survey; MBI-ES) [16] and then adapted for medical personnel (MBI-HSS-MP) [17]. MBI is the most popular used inventory in researches related to burnout, despite its utility and popularity, there are also three main drawbacks of MBI, these problems are the problems in the conceptualization. In the meantime, the researcher has consistently related Burnout to malfunctioning and deficit in cognitive aspects[19]. But it is proved already that the tension, sufferings such as irritability, problem in sleeping, are also some factors concerned and take place in employees who are suffered from Burnout. These so-called neurasthenic complaints led some researchers to consider Burnout as work-related or neurasthenia[20]. there are further critics related to the association between Burnout and cognitive aspects, while many experts argue that Burnout is related to nonconforming depressive disorder[21], and some experts contended the separation of Burnout and depression[22]. After the analyses of many

studies, it concludes that depression and burnout symptoms are normally co-occurring and grow in cycles. It was also concluded that burnout leads reduction in professional efficacy.[25].

Second, the MBI has technical and psychometric flaws. The contents in the formulation of its items may question its reliabilities, and reduce professional efficacy. The correlations between the reversed positively worded efficacy scale and the negatively written efficacy scale are substantially lower27. Furthermore, the MBI factorial validity is questioned. De Beer and Bianchi[28] found that the emotional tiredness and cynicism subscales appear to be a shared component, while the professional efficacy scale appears to be different.

Third, the practical application of MBI for assessing person Burnout is limited because it does not provide a single Burnout score. So it's difficult to dichotomize and differentiate between Burnout conditions and non-Burnout situations. It is a fundamental concern when it comes to normative and predictive validity. "In general the MBI test handbook reads, the score of each respondent scale should be calculated and interpreted independently. It should be noted that MBI responses should not be added together to generate a single "Burnout score"[17].

MBI was constructed as a multi-dimensional research tool rather than an individual evaluation tool, so it is unable to fulfill this duty. Burnout has updated its latest version of the International Classification of Diseases (ICD-11), according to the WHO[29]. The WHO position is unclear related to burnout, on one hand, WHO includes Burnout in their record of disorders but many times who rejects burnout. The researcher's aim is to clear this confusion by taking the inventories of the Maslach and Colleagues[14].There are numbers of burnout inventories has been constructed, but no instruments are perfect instrument in all concern of burnout causes. Thus, the drawback of the MBI related to conceptualization, psychometric shortcomings, and practical utility, the researcher will develop a new Burnout inventory by considering that factors which are not explored in previous studies. In the clinical setup the group based and individual based burnout assessment among nurses working in selected hospitals will be performed.

Gap in Research / Knowledge:

In the present settings, the studies related to development of Burnout Inventory were not undertaken specifically for the nurses working in clinical areas. Hence, by conducting this study everyone will be able to assess the burnout among nurses working in the clinical areas. If, we will be able to assess the burnout among nurses then we will be able to develop the various strategies to overcome and improve the work performance along with the work environment.

Aims of the Study:

Our research has two main aims:

a) Develop an alternative Burnout conceptualization that is comprehensive in character and encompasses all important factors associated with Burnout as perceived by practitioners.

b) Construct the Burnout Inventory, a new Burnout questionnaire based on this new conceptualization that is psychometrically sound and practical for assessing Burnout.

c) To determine the Burnout Inventory's validity and reliability.

Problem Statement:

A methodological study to develop and validate Burnout Inventory for nurses working at selected hospitals of Jammu and Kashmir

Objectives:

1. To select pool and validate items related to measuring Burnout among nurses.
2. To prepare preliminary draft of tool to assess the Burnout among nurses.
3. To develop the instructions and scoring method for assessing Burnout among nurses.
4. To check feasibility and reliability of preliminary draft of the tool to assess Burnout among nurses.
5. To present the Burnout among nurses working at selected hospitals of Jammu and Kashmir.

6. To test the validity and reliability of a newly developed tool measuring Burnout among nurses.

Hypothesis:

H_1. There is significant validity and reliability of a newly developed tool measuring Burnout among nurses.

H_2. There is significant association of newly developed Burnout Inventory with the Maslac Burnout inventory and Copenhagen Burnout inventory.

Assumptions:

1. To determine the development, validation and reliability of a new tool (Burnout Inventory) that explores nurse's perception of stress, Burnout and control over their working environment.
2. The Burnout Inventory is influenced by selected demographic variables.
3. The staff nurses of hospital have preliminary perception about issues and concerns faced by them in their challenging clinical work.

Operational definition:

Burnout: Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

Inventory: it involves the list of items. In this study we are developing a burnout inventory for the nurses working in clinical area.

Validation: the action of checking or proving the validity or accuracy of something. Here we are assessing the validity of the burnout inventory.

Reliability: Reliability is the degree of consistency of a measure. Here we are assessing the reliability of the burnout inventory.

Nurse: A licensed health- care professional who practices independently or is supervised by a physician, surgeon, or dentist and who is skilled in promoting and maintaining health.

Conceptual Framework:

Conceptual frameworks (theoretical frameworks) are a type of intermediate theory that attempt to connect to all aspects of inquiry (e.g., problem definition, purpose, literature review, methodology, data collection and analysis). Conceptual frameworks can act like maps that give coherence to empirical enquiry. Because conceptual frameworks are potentially so close to empirical inquiry, they take different forms depending on the research question orproblem.[21]

The conceptual framework of the present study is based on "The Stetler Model Of Research Utilization". This study is focused on the development of the Burnout inventory to assess the Burnout among nurses working in the clinical areas. This model enhances the concept of research use and evidence- informed practice for effective overall application of research. This model consists of five phases: preparation, validation, comparative evaluation/ decision making, translation/ application and evaluation.

Review of Literature:

1. **Wilmar B. Schaufeli, Steffie Desart, and Hans De Witte (2020)** conducted a study on Burnout assessment tool (BAT) : development, validation and reliability. They introduces a new definition for burnout and investigates the psychometric properties of the Burnout Assessment Tool (BAT). In a prior qualitative study, 49 practitioners were interviewed about their conceptualization of burnout (part 1). Using a dialectical approach, four core dimensions—exhaustion, mental distance, and impaired emotional and cognitive impairment—and three secondary dimensions—depressed mood, psychological distress, and psychosomatic complaints—emerged, which constitute the basis of the BAT. In the second study, the psychometric characteristics of the BAT were investigated in a representative sample of 1500 Flemish employees, focusing on factorial validity, reliability, and construct validity, respectively. Results demonstrate the assumed four-factor structure for the core dimensions, which is best represented by one general burnout factor. Contrary to expectations, instead of a three-factor structure, a two-factor structure was found for the secondary dimensions. Furthermore, the

BAT and its subscales show adequate reliability. Convergent validity and discriminant validity with other burnout measures—including the MBI and OLBI—was demonstrated, as well as discriminant validity with other well-being constructs, such as work engagement and workaholism.

2. **Chiara Dall'Ora, Jane Ball and Maria Reniuis and Peter Griffiths (2020)** conducted a study on Burnout in nursing: a theoretical review. The study aimed to provide a comprehensive summary of research that examines theorised relationships between burnout and other variables, in order to determine what is known (and not known) about the causes and consequences of burnout in nursing, and how this relates to theories of burnout. We searched MEDLINE, CINAHL, and PsycINFO. We included quantitative primary empirical studies which examined associations between burnout and work-related factors in the nursing workforce. Ninety-one papers were identified. The majority (n = 87) were cross-sectional studies; 39 studies used all three subscales of the Maslach Burnout Inventory (MBI) Scale to measure burnout. As hypothesised by Maslach, we identified high workload, value incongruence, low control over the job, low decision latitude, poor social climate/social support, and low rewards as predictors of burnout. Maslach suggested that turnover, sickness absence, and general health were effects of burnout; however, we identified relationships only with general health and sickness absence. Other factors that were classified as predictors of burnout in the nursing literature were low/inadequate nurse staffing levels, ≥ 12-h shifts, low schedule flexibility, time pressure, high job and psychological demands, low task variety, role conflict, low autonomy, negative nurse-physician relationship, poor supervisor/leader support, poor leadership, negative team relationship, and job insecurity. Among the outcomes of burnout, we found reduced job performance, poor quality of care, poor patient safety, adverse events, patient negative experience, medication errors, infections, patient falls, and intention to leave. The patterns identified by these studies consistently show that adverse job characteristics—high workload, low staffing levels, long shifts, and low control—are associated with burnout in nursing.

3. **Rabbanie Tariq Wani, and Tanzeela Bashir Qazi (2019)** conducted a study on epidemiology of burnout and stress among medical students of undergraduate school and its associated factors. They wanted to determine the prevalence and factors associated with burnout and stress among medical graduates

   Data was collected in December 2018 & January 2019. Sample size was 200 students. 50 students from four different professional years undergoing MBBS in Government Medical College, Srinagar were enrolled. Each student received a leaflet with description of the research objectives. The questionnaire consisted of the assessment of the sociodemographic issues of daily life and the Oldenburg Burnout inventory along with Cohens Stress scale.99 participants reported high burnout and 101 had no burnout. Also 48 participants reported being stressed. Effect of OBI on stress was also found to be significant with a p value of <0.05. 2/5th among high burnout were found to be stressed also. The present study showed a high prevalence of burnout among medical students as per the existing undergraduate curriculum. The results highlight the fact that burnout syndrome has multiple aetiologies, with great involvement in the first and final year of graduation.

4. **Makiko Muya , Kimiko Katsuyama , Fusako Ozaki and Hifumi Aoyama(2017)** conducted a study in on Development of a scale measuring the job satisfaction of Japanese hospital nurses. This study attempts to develop a scale measuring job satisfaction in Japanese hospital nurses. They developed items for a new scale measuring job satisfaction and determined the scale's internal and external validity. Based on this analysis, they then modified the scale after conducting two surveys. In Survey 1, the scale was tested on 600 nurses from two hospitals and items were selected based on item and factor analyses. In Survey 2, items were further refined based on responses from 800 nurses from four hospitals. Using these responses, the authors determined the reliability and validity of the scale. A 37 item job satisfaction scale was developed through examination of internal and external validity and based on the results of item analysis. Through factor analysis, four factors – "positive

emotions toward work", "appropriate support from superiors", "perceived significance in the workplace", and "pleasant working environment" – and 28 items were extracted. The cumulative contribution rate was 43.9%. Cronbach's alpha coefficient was 0.91. The correlations found between sense of satisfaction with work, burnout, and self-esteem supported the scale's concurrent and construct validity.The authors were successful in developing a scale measuring hospital nurses' job satisfaction.

5. **Wei Yi Tay, Arun Earnest,Sun Yun Tan And Matthew Jo Ming Ng (2014)** conducted a study on prevalence of burnout among nurses in a community hospital in Singapore: a cross sectional study. The study aims to determine the prevalence of burnout among nurses at a community hospital in Singapore as well as explore the factors associated with burnout. Methods The nurses, from a community hospital with palliative, rehabilitation, chronic sick and nursing home services, self-administered the Professional Quality of Life Scale to determine the level of burnout. An anonymous survey was included to collect demographics and variables that were postulated to be associated with burnout. Results With a response rate of 51.4%, the prevalence of burnout was found to be 33.3%. Nurses working in the rehabilitation wards had higher odds of burnout (p=0.026). Multivariate analysis indicated increased number of years working as a nurse (p = 0.006) and whether work interferes "sometimes" & "often" with family commitments (p = 0.006 & 0.028 respectively) to be significantly associated with burnout. Conclusion The prevalence of burnout was found to be comparable to that of a tertiary hospital and this deserves further attention. In conclusion, this research reveals the extent of nursing burnout in intermediate and long term care sector as well as identifies factors associated with burnout.

Research Methodology:

Research Approach: In view of the nature of the problem chosen, a mixed approach (both qualitative and quantitative) was chosen in order to meet the objectives of the study

Research Design: a research design encompasses the methodology and procedures employed to conduct the scientific research. The research design used for this study is Delphi Survey method.

Study Setting:

The location for conducting a study is termed as setting of the study. This study will be conducted in selected hospitals of jammu and kashmir.

Population:

A population is the entire aggregation of cases in which a researcher is interested.

Target Population: The target population is the aggregate of cases about which the researcher would like to generalize. In this study, all the registered nurses working at selected hospitals of jammu and kashmir will be the target population.

Accessible Population: The accessible population is the aggregate of cases that conform to designated criteria and that are accessible for study. In this study, all the registered nurses working at selected hospitals of Jammu and kashmir.

Sample and Sampling Technique:

Sample may be defined as representative unit of a target population, which is worked upon by the researchers during their study.

All the registered nurses working at selected hospital of jammu and kashmir

Non- probability sampling, convenience sampling technique will be used to select the registered nurses.

Sampling Criteria:

a) **Inclusion Criteria**: staff nurses who were

- Willing to participate in the study
- Available at the time of data collection
- Working in hospitals of jammu and kashmir

- Having minimum clinical work experience > 3yrs

b) Exclusion Criteria:

- Staff nurse with clinical work experience <3 yrs
- Nurses working in the teaching institutions.
- Student nurses

Tool and Technique:

Data collection instruments are the strategy or system used to gather information from participants, programmers and other elements of evaluation.
The tool consisted of:

1. Conceptualization and constructing the Burnout inventory
2. Maslach Burnout inventory
3. Copenhagen Burnout inventory

1. **Conceptualization and Constructing the Burnout Inventory:**

It involves two phases:

I. In the first phase, burnout is redefined using a dialeutic method that combines a deductive and inductive approach, allowing us to integrate insights from both practice and theory.

II. In the second phase, questionnaire items are formulated after carefully scrutinizing items from existing burnout instruments.

Plan for Data Analysis:

Data analysis is the process of organizing and synthesizing the data so as to answer research questions and test hypothesis. The data will be assessed by using the newly developed tool i.e. Burnout inventory among the registered nurses working in the clinical areas. We uses two more standardized tools i.e. Maslach Burnout Inventory and Copenhagen Burnout Inventory. Both qualitative and quantitative research approach will be used.

Expected or Projected Outcomes:

1. The formulated tool will provide a new concept of burnout assessment which will be comprehensive in nature.
2. The tool will be useful for the assessment of burnout among nurses working in clinical areas
3. The tool will be valid and reliable
4. This tool will provide significant assessment criteria for burnout and will help in formulating the coping strategies for improving work efficacy.

Ethical Approval:

The researcher will take permission from the parent institution to conduct research study. Permission will be taken from the ethical committee, medical superintendent, nursing superintendents of the selected hospitals of Jammu and Consent will be taken from staff nurses before data collection.

Protection of Human Rights

Human rights are commonly understood as inalienable fundamental rights to which a person is inherently entitled simply because she or he is a human being. Hence a written consent of the subjects will be taken before the study was started and debriefing will be done after the study is completed. Confidentiality and anonymity of the study subjects will be maintained throughout the study.

Delimitations:

The study is delimited to:

1. Staff nurses working in clinical areas at selected hospital of Jammu and Kashmir.
2. Staff nurses having more than 3 years of clinical experience
3. It includes development, validation and reliability of Burnout Inventory.

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With Best Wishes
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